

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 10 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the **U.S. Department of Transportation, Office of International Aviation, X-46, 400 7th Street, SW, Washington, DC 20590.**

PAPERWORK REDUCTION ACT OF 1995

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number is displayed in the upper right-hand corner of this form.

STATEMENT OF CHARTER OPERATOR, DIRECT AIR CARRIER AND DEPOSITORY BANK



U.S. Department of
Transportation
Office of the Secretary
of Transportation

INSTRUCTIONS: Submit this form to U.S. Department of Transportation, Special Authorities Division, X-46, Office of International Aviation, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

We _____, _____
(Charter Operator)* (Direct Air Carrier)

and _____, _____, certify that we have entered into a depository agreement on
(Depository Bank)

_____. This agreement covers proposed flight schedule number _____ a copy of which has been
(Date) (Flight Schedule Number)

received by _____. This agreement complies with (§380.34) (§380.34a) of DOT's
(Depository Bank)

Regulations (14 CFR §380.34 or §380.34a). The depository bank is insured by the Federal Deposit Insurance Corporation.

As signatories to this agreement, we fully understand, and will completely fulfill our respective obligations outlined in the agreement and the above-stated DOT regulations.

CHARTER OPERATOR

DIRECT AIR CARRIER

BY: _____
(Signature)*

(Name in print)

(Title)

_____/_____
(Phone Number) (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

BY: _____
(Signature)*

(Name in print)

(Title)

_____/_____
(Phone Number) (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

DEPOSITORY BANK

BY: _____
(Signature)*

(Name in print)

(Title)

_____/_____
(Phone Number) (Fax Number)

(Street, Box Number)

(City, State, Zip Code)

(Date)**

**This document is not acceptable if not dated.

*Write "N.A." if there is no charter operator